-				
v	evi		$\sim$	ъ.
n	CVI	21	U	

HCFA-PM-95-4

(HSQB)

JUNE 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	4.35	Enfo	rcement	of Compliance for Nursing Facilities
		(a)	<u>Notifi</u>	cation of Enforcement Remedies
42CFR §488.402(f)				When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR §488.402(f).
			(i)	The notice (except for civil money penalties and State monitoring) specifies the:
				<ol> <li>nature of noncompliance,</li> <li>which remedy is imposed,</li> <li>effective date of the remedy, and</li> <li>right to appeal the determination leading to the remedy.</li> </ol>
42 CFR §488.434			(ii)	The notice for civil money penalties is in writing and contains the information specified in 42 CFR §488.434.
42 CFR §488.402(f)(2)			(iii)	Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.
42 CFR §488.456(c)(d)			(iv)	Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.
		(b)	Facto	rs to be Considered in Selecting Remedies
42 CFR §488: <del>488</del> .404(b)(1)			(i)	In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR §488.404(b)(!) & (2).
				The State considers additional factors.  Attachment 4.35-A describes the State's other

Supersedes TN No. None

Approval Date

Effective Date \_\_july 1, 1995\_\_\_

Revision:

HCFA-PM-95-4 JUNE 1995 (HSQB)

	STATE PLAN UN	IDER T	ITLE XI	X OF THE SOCIAL SECURITY ACT
Citation	State/Territ	tory:	ARIZO	NA
		(c)	Applica	ation of Remedies
42 CFR §488.410			(i)	If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to removethethreat within 23 days.
42 CFR §488.417(b) §1919(h)(2)(C) of the Act			(ii)	The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
42 CFR §488.414 §1919(h)(2)(D) of the Act			(iii)	The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
42 CFR §488.408 §1919(h)(2)(A) of the Act.			(iv)	The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.
42 CFR §488.412(a)			(y)	When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR §488.412 (a) are not met.
		(d)	Availab	ole Remedies
42 CFR §488.406(b) §1919(h)(2)(A) of the Act.			(i)	The State has established the remedies defined in 42 CFR §488.406(b).
				<ul> <li>X (1) Termination</li> <li>X (2) Temporary Management</li> <li>X (3) Denial of Payment for New Admissions</li> <li>X (4) Civil Money Penalties</li> <li>X (5) Transfer of Residents; Transfer of Residents with Closure of Facility</li> <li>X (6) State Monitoring</li> </ul>
		above	remedie: na Revise	.35-B through 4.35-G describe the criteria for applying the s. ed Statute §36-2932 is the authority for remedies cited
TN No. 95-08 Supersedes TN No. None	Approval Date	NOV ;	)	Effective Date July 1, 1995

Revision:

HCFA-PM-95-4

JUNE 1995

(HSQB)

STATE PLAN UNDER TI	TLE XIX OF T	HE SOCIAL SECURITY ACT
State/Territory: A	RIZONA	<del></del>
	(ii)	The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR §488.406(b).
	(2) (3) (4) (5) (5)	Temporary Management Denial of Payment for New Admissions Civil Money Penalties Transfer of Residents; Transfer of Residents with Closure of Facility State Monitoring  trough 4.35-G describe the alternative remedies and
e ) 	(1) Public	
	State/Territory: _A  Attach the cri	(1) (2) (3) (4) (5)  Attachments 4.35-B the the criteria for applying e State Incent (1) Public

TN No. <u>95-08</u> Supersedes TN No. None

Approval Date NOV 2 1 1985

Effective Date July 1, 1995